

0419383
NEW 12-29-03

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: QUANTUM SOLUTIONS LLC

BUSINESS STREET ADDRESS: 901 SW 121 AVE DAVIE, FL ZIP 33325

BUSINESS MAILING ADDRESS: PO BOX 67086A CORAL SPRINGS, FL ZIP 33067

BUSINESS PHONE: 954-410-8461

DESCRIBE TYPE OF BUSINESS: REAL ESTATE INVESTMENT (*Office only*)

BUSINESS IS: Corporation X (LLC) Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>GUS HOSBACH</u>	<u>901 SW 121 AVE</u>	<u>DAVIE, FL</u>	<u>954-448-6962</u>
2. <u>CHRIS HOSBACH</u>	<u>"</u>	<u>"</u>	<u>954-410-8461</u>

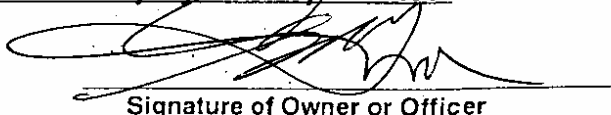
Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 04, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

GUS HOSBACH, MANAGING MEMBER

Print Owner or Officers Name and Title


Signature of Owner or Officer

Office Use Only: Date <u>12/29/03</u>		Category <u>13500</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>04-19383</u>		Control # <u>15782</u>		Fee <u>115.76</u> Rec# _____	
Council approval Required <u>X</u> Yes <u>A</u>		Zoning Approval <u>Jat</u>		Zoning <u>A9</u> Date <u>12/31/03</u>	
Town Council Date _____		Approved _____		Denied _____	
Tabled To _____		Approved _____		Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____		LOCATER ID <u>5574</u>		<u>58-40-12-00-0170</u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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